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I, the undersigned, do certify and attest to all of the following:

I have had access to a printed or electronic copy of the *Professional Assessment & Accountability Practices for Educators* as published by the Office of Educational Assessment and Accountability of the Michigan Department of Education, and

I have read the sections applicable to assessment security, preparation, and administration, and

I have read the section regarding the duties and responsibilities of my role in the assessment process, and

I have followed the practices as they relate to my role in the current assessment.

Date: _____

Signature: _____

Printed Name: _____

Note: An electronic copy of the *Professional Assessment & Accountability Practices for Educators* is available on the world wide web at <http://michigan.gov/oaea>. For further information, contact the Michigan Department of Education, Office of Educational Assessment and Accountability, 608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909, call toll-free 1-877-560-8378.

1. District					2. School				
1	2	3	4	5	1	2	3	4	5
①	①	①	①	①	①	①	①	①	①
①	①	①	①	①	①	①	①	①	①
②	②	②	②	②	②	②	②	②	②
③	③	③	③	③	③	③	③	③	③
④	④	④	④	④	④	④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

3. MI-Access Role									
<input type="checkbox"/>	District Coordinator	<input type="checkbox"/>	Proctor						
<input type="checkbox"/>	School Coordinator	<input type="checkbox"/>	Accommodations Provider						
<input type="checkbox"/>	Assessment Administrator								
4. Information Box									
PLEASE PRINT—Use full names.									
School Name: _____									
City: _____									
District Name: _____									

Directions

TO COMPLETE:

- Print the **DISTRICT** code. Enter leading zeros if necessary (for example, "01234".) Mark the corresponding bubbles.
(Note: District Coordinators mark District code only; skip Step 2.)
- Print the **SCHOOL** code. Enter leading zeros if necessary (for example, "01234".) Mark the corresponding bubbles.
- Mark the corresponding bubble next to your role in the MI-Access assessment (for example, District Coordinator, School Coordinator, etc.)
- In the area under **Information Box**, District Coordinators print District Name. All others print School Name, City, and District Name on the lines provided.

TO RETURN:

Return the *MI-Access Security Compliance Form* as directed in the *MI-Access Coordinator and Assessment Administrator Manual*.